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Our Opinion

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Don't mislabel health care

WE UNDERSTAND that with political races comes heated rhetoric. However, even with that caveat, we think State Sen. Bill Brady is guilty of playing a little too loose with the language.

During Brady's recent announcement of his candidacy for governor, the Bloomington Republican charged that Gov. Rod Blagojevich has swelled the state's "welfare" rolls by more than 300,000 people.

Blagojevich is more than happy to take credit for the numbers, but he understandably takes issue with Brady's definition of welfare - and so do we. During Blagojevich's first term, 318,000 Illinois children and parents have been added to the KidCare and FamilyCare programs - programs that provide health care primarily for the working poor.

Even though the new families being assisted come from the working ranks and even though many pay premiums and co-pays to participate, Brady says the programs constitute welfare.

"To me, welfare is government assistance. If the government is providing you food stamps, it's welfare. If the government's providing you with health care, it's welfare. Maybe that's not a politically correct word," Brady said.

Using that logic, it sounds to us like Brady just called millions of senior citizens on Medicare welfare queens and kings. And how about farmers who benefit government loans, tax credits and crop subsidies? Welfare?

RATHER THAN ENGAGE in incendiary oratory, we would be better suited to looking at whether a particular government program makes sense. If we choose to promote ethanol production in Illinois, it makes sense to provide incentives for people to produce and sell ethanol. Few seriously would see tax credits for ethanol production as welfare.

And if we choose to promote productive citizens in Illinois, it makes sense to start with healthy citizens. Ten years ago, Congress and the Clinton administration took a historic step in reforming public assistance - welfare - in America. The reforms were a great step forward, requiring people to move toward self-sufficiency and not allowing them to rely solely on government assistance.

But moving people from welfare to work is easier said than done. Most public aid recipients did not enter the workforce at the management level - minimum-wage jobs were much more likely. And these jobs often do not come with the most important of benefits - health insurance.

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PEOPLE WITHOUT health care quickly become people without stable employment. Barry Maram, director of the Department of Health Care and Family Services, notes that kicking people out of health-care programs - as many states have in the face of recent tight budgets - comes with its own costs. It costs the person or family their insurance. It costs the state a large federal match - expanding KidCare and FamilyCare has cost Illinois \$55 million, but it has leveraged \$100 million more from the federal government to spend on health care here.

And because people without insurance still get sick, it costs all of us through the higher medical costs that are passed along. Treating people in emergency rooms is one of the most costly routes to follow, and that is where the uninsured tend to get treated.

Blagojevich has made health care a priority from day one. It is a bright spot of his administration, bringing national accolades and improving health-care options for everyone from babies to senior citizens. Critics can argue against that priority. They can argue with how he is funding that priority. But they should not mislabel assisted health care as welfare. It's not welfare; it's common sense.

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